

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 5/08

SUMMARY PAGE

1. NAME OF COMMITTEE: Colapietro For Senate
2. TYPE OF COMMITTEE (Check Box): Candidate Committee
3. TREASURER NAME: Mr Patrick A Perugino
4. TREASURER ADDRESS: 82 Allen St, Terryville, CT 06786
5. ELECTION DATE: 11/04/2008
6. OFFICE SOUGHT (if applicable): State Senate
7. DISTRICT NUMBER (if applicable): 31
8. CANDIDATE NAME: Mr Thomas A Colapietro
9. TYPE OF REPORT (Check One Box): Initial Itemized Statement accompanying application for Public Grant
10. PERIOD COVERED: Beginning Date 07/01/2008, Ending Date 10/01/2008
11. CERTIFICATION: I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.
TREASURER OR DEPUTY TREASURER (SIGNATURE): Patrick A. Perugino
PRINT NAME OF SIGNER: Patrick A. Perugino
DATE (mm/dd/yyyy): 10/01/2008
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
 Candidates for Statewide Offices and General Assembly
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
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**SUMMARY PAGE
 TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	COLUMN A This Period	COLUMN B Aggregate
Colapietro For Senate		
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$2,485.39	
14. Contributions received from Individuals (Sections A and B)	\$13,069.00	\$15,889.00
15. Receipts from Other Committees (Sections C1 +C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Sections D-I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$13,069.00	\$15,889.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$15,554.39	\$15,889.00
20. Expenses Paid by Committee (Section N)	\$9,721.49	\$10,056.10
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	\$5,832.90	\$5,832.90
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid by Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	33810.40	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	33810.40	

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE: **COLAPIETRE FOR SENATE**

FILING DUE DATE: _____

A. Total Contributions from Small Contributors Received this Period ONLY: \$ _____

(See instructions for definition of Small Contributor)

B. Itemized Contributions from Individuals

Last Name: Holden	First: MARYELLEN	MI: R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 010110	Amount of Contribution: 20.00
Residential Street Address: 299 Roberson St.	City: BRISTOL	State: CT	Zip Code: 06010	Date Received: 7-6-08	
Principal Occupation: Teacher	Name of Employer: CHASE Collegiate School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 50.00	

Last Name: HOLIHAN	First: ANNE	MI: C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 0101517	Amount of Contribution: 10.00
Residential Street Address: 57 Circle St.	City: BRISTOL	State: CT	Zip Code: 06010	Date Received: 7-2-08	
Principal Occupation: Court Clerk	Name of Employer: BRISTOL Probate Court	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: \$30.00	

Last Name: PAPAZIAN	First: DONNA	MI: _____	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 010197	Amount of Contribution: 10.00
Residential Street Address: 53 ELAINE DR.	City: BRISTOL	State: CT	Zip Code: 06010	Date Received: 7-14-08	
Principal Occupation: Guidance Counselor	Name of Employer: BRISTOL B.O.E.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 10.00	

Last Name: TENEROWICZ	First: ROBERT	MI: J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 010198	Amount of Contribution: 20.00
Residential Street Address: 1469 Farmington Ave #10	City: BRISTOL	State: CT	Zip Code: 06010	Date Received: 7-12-08	
Principal Occupation: Retired	Name of Employer: _____	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 20.00	

Last Name: KOSKOFF	First: DAVID	MI: E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 010199	Amount of Contribution: 100.00
Residential Street Address: 8 River Edge Ct.	City: PLAINVILLE	State: CT	Zip Code: 06062	Date Received: 7-12-08	
Principal Occupation: Lawyer	Name of Employer: Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	

SUBTOTAL Section B-This Page: **160.00**

TOTAL of all Section B Pages: _____

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page): _____

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE: **COLLECTED FOR SENATE**

FILING DUE DATE: _____

A. Total Contributions from Small Contributors Received this Period ONLY: \$ _____

(See instructions for definition of Small Contributor)

B. Itemized Contributions from Individuals

Last Name: Doyle	First: BARBARA	MI: Y	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 011010	Amount of Contribution: 20.00
Residential Street Address: 90 Jewell St.		City: BRISTOL	State: CT Zip Code: 06010	Date Received: 7-11-08	
Principal Occupation: Retired		Name of Employer: _____	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 20.00	

Last Name: Fahy	First: M. Kevin	MI: _____	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #: _____	Amount of Contribution: 5.00
Residential Street Address: 120 Forge Rd.		City: COVENTRY	State: CT Zip Code: 06238	Date Received: 7-22-08	
Principal Occupation: STATE Employee		Name of Employer: UCONN.	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 5.00	

Last Name: Claffey	First: PATRICIA	MI: _____	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 011218	Amount of Contribution: 30.00
Residential Street Address: 43 Judd St.		City: BRISTOL	State: CT Zip Code: 06010	Date Received: 7-21-08	
Principal Occupation: SECRETARY		Name of Employer: INT'L UNION UAW	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 30.00	

Last Name: Lydem	First: LAURA	MI: _____	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 011219	Amount of Contribution: 100.00
Residential Street Address: 33 Harvest Lane		City: BRISTOL	State: CT Zip Code: 06010	Date Received: 7-8-08	
Principal Occupation: PRACTICE MANAGER		Name of Employer: CCMM	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 100.00	

Last Name: Gallagher	First: Gerry	MI: J.	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #: 011310	Amount of Contribution: 5.00
Residential Street Address: 30 Seymour Rd.		City: Terryville	State: CT Zip Code: 06786	Date Received: 7-24-08	
Principal Occupation: TOOL MAKER		Name of Employer: BEARTON MFG	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 5.00	

SUBTOTAL Section B-This Page: **160**

TOTAL of all Section B Pages: _____

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page): _____

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE: COLAPIETRO FOR SENATE FILING DUE DATE: _____

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
STAFFORD	SANDRA	C	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01049	10.00
Residential Street Address: 441 CLARK AVE #24		City: BRISTOL	State: CT Zip Code: 06010	Date Received: 7-14-08	
Principal Occupation: CLERK		Name of Employer: BRISTOL FIRE DEPT.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 20.00	
YAPOUJIAN	Julie		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01011	25.00
Residential Street Address: 50 MERRIMAN ST.		City: BRISTOL	State: CT Zip Code: 06010	Date Received: 7-14-08	
Principal Occupation: INVENTORY PLANNER		Name of Employer: WATER WORKS		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 25.00	
POSITANO	PAULA	L	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01102	5.00
Residential Street Address: 75 IROQUOIS Rd.		City: BRISTOL	State: CT Zip Code: 06010	Date Received: 6-24-08	
Principal Occupation: SECRETARY		Name of Employer: POSITANO PLUMBING		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 5.00	
POSITANO	THOMAS	V	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01103	5.00
Residential Street Address: 75 IROQUOIS Rd.		City: BRISTOL	State: CT Zip Code: 06010	Date Received: 6-24-08	
Principal Occupation: Plumber		Name of Employer: POSITANO PLUMBING		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 5.00	
DENSKI	JACQUI		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	01104	25.00
Residential Street Address: 60 HOYE ST.		City: Terryville	State: CT Zip Code: 06786	Date Received: 7-14-08	
Principal Occupation: Real Estate		Name of Employer: SELF-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate contributions: 25.00	

SUBTOTAL Section B-This Page 70.00

